



Medicolegal News and Views

Virginia Department of Health, Office of the Chief Medical Examiner

Vol.16, #1, Spring 2016

ANNOUNCEMENTS

Upcoming Forensic Science and Medicine Courses

Local Medical Examiner
Death Investigation and Scene Management
Manassas, VA
April 28-29, 2016

National Association of Medical Examiners
50th Annual Meeting
Minneapolis, MN
September 9-13, 2016

Local Medical Examiner
Death Investigation and Scene Management
Location & Exact date to be determined
October 2016

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Evidence Management for Local Medical Examiners

By: William T. Gormley, MD, PhD

What to do with the evidence you find on the decedent while you are conducting an external examination on the victim of a suicide? There is a rope around the decedent's neck and a bag over the decedent's head. There is a plastic bag containing some white powder in a pocket and a helium tank was placed in the body bag with the decedent. What should you do with the rope, two bags, and the tank?

The ligature (rope around the neck) should be documented on the body diagram and by photographs if possible. Cut the ligature from the body preserving any knots. Place the ligature in a sealed bag. Write the decedent's full name and date of death on the bag or container containing the ligature.

The bag over the head, the bag of white powder, and the helium tank are also evidence that should be placed in a sealed bag or container. The decedent's full name and date of death should be written on the bag or container containing the evidence.

You should contact the investigating law enforcement agency to notify them that you have identified evidence for them and ask them to send a representative to accept the evidence. You need to document the evidence on a chain of custody form and sign the form transferring custody to law enforcement. If you have any doubts or questions, you can contact your district office for guidance.

Local Medical Examiner Reminders

By: Gayle Suzuki, MD

Thank you for all you do for the OCME. There have been a lot of changes, and I thank you for your patience and cooperation.

Just a few friendly reminders when handling cases:

1. Please send in a signed CME-1 within 30 days of completing the case. This is to ensure timely closure of cases, and to ensure that you are being paid for your services.
2. When doing your external examination on cases, please make sure you disrobe the body. The purpose of doing an examination is to make sure there are no injuries present. You **MUST** look at the body **UNCLOTHED**.
3. Please do NOT sign a paper death certificate that is generated by the funeral home for medical examiner cases. Only

the district office is allowed to initiate a "Medical Examiner" death certificate. If you have any questions, please contact the district office.

4. Please certify the death certificate in EDRS as soon as possible after your examination. State code 32.1-263 states that the death certificate must be filed within 3 days of death. If you have any problems with EDRS, please contact your district office.

5. When reviewing death certificates for cremation views, please make sure that a proper cause of death is listed. If you receive a death certificate with just "cardiac arrest" or "respiratory arrest", please make an effort to contact the signing physician to obtain more information, e.g. underlying hypertension, COPD, diabetes, etc. (Or, review medical records if you have access to online medical records). The death certificate does not have to be changed, but additional information is necessary.

Please remember to attach a copy of the death certificate with the pink copy of

the cremation form when you, or the funeral home, mail the form to the district office. All cremation certificates and accompanying death certificates are reviewed by the Assistant Chief Medical Examiners.

If you see an injury listed on the death certificate, either in Part I or Part II, e.g. hip fracture, history of falls, subdural hemorrhage, etc., please verify with the signing physician or medical records whether the injury caused or contributed to death. If it caused or contributed to death, please call the district office as the case would need to become a medical examiner's case.

Do NOT sign cremation certificates on deaths that occur **OUTSIDE** of Virginia. The funeral home needs to follow the cremation rules of the state where the decedent died.

If you need assistance or have questions regarding your cases, please contact your district office.

Toxicology Testing for External Examinations

By William T. Gormley, MD, PhD

Collection of toxicology specimens is part of the expected external examination process for medical examiner cases. We understand that, in real life, it may not be possible to obtain toxicology specimens from all decedents. For some external examinations performed by local medical examiners, toxicology collection and timely analysis is an extremely important part of the process. There are two situations in which the inability to collect an adequate specimen for toxicology should cause immediate referral to the district office for further processing by Assistant Chief Medical Examiners. These include drivers and pedestrians who die in motor vehicle mishaps and cases where drugs are the probable cause of death.

As you know, since July 1, 2015, in response to mandatory budget reduction imposed on all state agencies, we are required to avoid transportation costs by leaving decedents over 30 years of age with circumstances suggesting a drug death in the community for examination and collection of toxicology specimens by a local medical examiner. For these cases, proper and timely certification of the cause and manner of death depends entirely upon collection and prompt submission of toxicology specimens. If adequate specimens (at least two tubes of blood) cannot be obtained, the decedent must be transported to a district office for further processing. In addition to the two tubes of blood being collected, one tube of vitreous and one tube of urine should be collected as well. If you are able to collect adequate toxicology specimens, please be sure that they are promptly sent in for analysis.

Toxicology specimens also must be collected and submitted for drivers and pedestrians who die in vehicular mishaps. The DMV must report information on deaths associated with impaired driving to the Federal Government. The state may be penalized if these reports are incomplete or late. If adequate specimens (at least one tube of blood) cannot be obtained, the decedent must be transported to a district office for further processing. In addition to the one tube of blood being collected, one tube of vitreous and one tube of urine should be collected as well. If you are able to collect adequate toxicology specimens, please be sure that they are promptly sent in for analysis.

Review of Cremation Authorizations

By William T. Gormley, MD, PhD

What is the purpose of the cremation authorization? It is our last opportunity to identify a medical examiner's case and assure all appropriate forensic evidence has been collected. **Who must have a cremation authorization?** Any person who dies in Virginia must have a Virginia death certificate and a Virginia cremation authorization. **Who cannot have a Virginia cremation authorization?** Any person who dies in another jurisdiction (state or nation). Their death certificate and any required forensic investigation is the responsibility of the jurisdiction in which they died. Any authorization for cremation must be issued by the state or nation in which they died. Virginia has no authority to investigate the death or to issue a cremation authorization even if the cremation will occur in Virginia.

What are the OCME expectations for issuing a cremation authorization?

1. Confirm the identification.
2. Review the death certificate and resolve any questions about the manner of death.
3. Examine all surfaces of the unclothed body.
4. Send a copy of the death certificate to the district office with the pink copy of the cremation authorization.

What if the death was a Virginia medical examiner's case and the death certificate was signed by a medical examiner?

1. The cremation certificate should be signed by the medical examiner that examined the remains and signed the death certificate.
2. If the medical examiner who signed the death certificate is not available, please contact the district office for guidance.

What if the cause of death on a natural death certificate does not provide sufficient detail to be certain that the death is not under the jurisdiction of the medical examiner?

1. The medical examiner must clarify the circumstances either by discussion with the physician who certified the death, through review of medical records, or other investigations. The clarifying details should be noted on the cremation certificate.
2. Examples of causes of death that need further investigation:
 - a. Sepsis or any other mechanism of death -- due to what? Gunshot wound? Stab wound? Something natural? Examples of mechanisms of death: cardiac arrhythmia, sepsis, septic shock, liver failure, respiratory failure.
 - b. Pulmonary embolus or pneumonia -- Complication of injury? Something natural?
 - c. Intracranial hemorrhage -- Subdural or epidural from trauma? Parenchymal from stroke? Extension of stroke into subdural space? Subarachnoid from vascular abnormality?

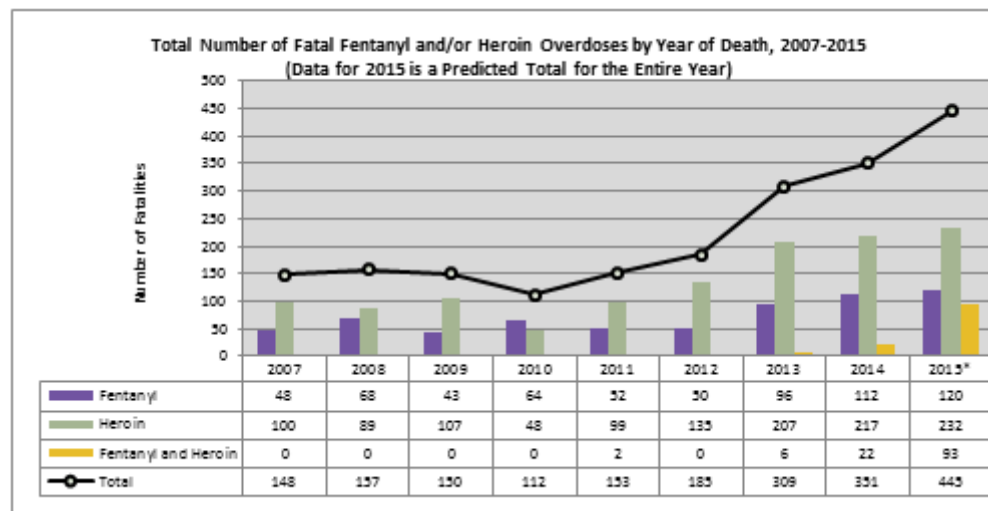
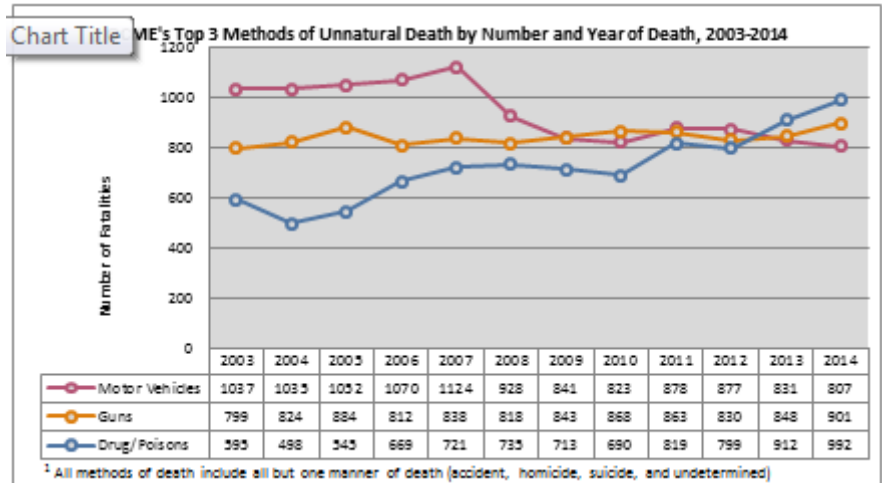
Fast Forensic Facts

By Rosie Hobron, MPH

Surveillance of death data is essential to public health intervention and prevention. Changes in forensic trends can demonstrate the impact of targeted interventions, discover unpredicted new developments of behaviors in a specific population, or uncover possible gaps in public policy or community resources where improvements need to be directed.

Motor vehicle related crashes (MVAs) have been the number one cause of unnatural¹ death in Virginia for decades, followed by gun related fatalities and fatal drug/poison overdoses. Historically, the magnitude of difference between these top three methods of death (MVAs, guns, and drugs) has been substantial; however, beginning in 2009, this magnitude of difference began to decrease and in 2013, for the first time on record, fatal drug overdoses became the number one method of unnatural death¹ in Virginia. In 2014, fatal drug overdoses became the number one method of accidental death in the Commonwealth; again, surpassing MVAs as the long standing number one method. This demonstrated a noticeable change in behavior and raised the alarm for something to be done at the community, locality, statewide, and even federal level.

The overprescribing of addictive prescription opioids like Oxycodone and Hydrocodone has been blamed for the rise in fatal overdoses, where patients become addicted to these prescription drugs (either prescribed to them or obtained illegally) but turn to a cheaper and easier-to-obtain street opiate: heroin. The rise in fatal opioid overdoses has been further complicated by drug traffickers/drug dealers cutting heroin with a much more potent opioid: fentanyl². In order to fulfill the OCME's public health mission, precise and timely toxicology testing must be performed



on all OCME cases where drug use is suspected to have played a role in death (please refer to Toxicology Testing for External Examinations article in the newsletter). Complete and accurate toxicology testing on all OCME cases is critical in supporting law enforcement investigation, directing Virginia state law, and targeting public health interventions for treatment and prevention of those addicted.

The 2014 annual report is now published to the OCME website. <http://www.vdh.state.va.us/>

medExam/Reports.htm. Due to the overwhelming interest in fatal drug overdoses, a quarterly report on fatal drug overdoses is now published to the OCME website. <http://www.vdh.state.va.us/medExam/ForensicEpidemiology.htm>

¹ Unnatural death refers to accidental, homicidal, suicidal, and undetermined manners of death (excludes natural deaths)

² Recent fentanyl seizures have demonstrated a rise in illicitly produced fentanyl (not pharmaceutically produced)



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LME Conference Planned for the 28-29 of April 2016 in Manassas, VA.

The Virginia Office of the Chief Medical Examiner will host another session of the ongoing semi-annual training this spring at in Manassas.

The two-day event will begin Thursday afternoon with a tour of the Prince William County Adult Detention Center in Manassas.

On Friday, the full day training will be conducted at the Northern OCME district office in Manassas. Lectures on Friday will include In custody deaths, Crime Scene Unit, the Medical Reserve Corps (MRC), Physical Anthropology Applications in Forensic Sci-

ence and more.

There will be two in depth group break out sessions on Friday as well during the conference. The two group breakout sessions will include mock scene investigation and external examination cadaver lab.

Details and registration information have already been distributed through e-mail. Please contact me if you have any questions.

Keshia Strouse
Project Manager

FROM THE EDITOR

If you would like to see this newsletter via the internet, the address is:

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Comments, suggestions and questions are welcome.